THE JOURNAL OF INVESTIGATIVE DERMATOLOGY, 64: 277, 1975

Vol. 64, No. 4
Printed in U.S.A.

LETTER TO THE EDITOR

We are pleased to receive Letters to the Editor on appropriate subjects. These Letters should be submitted in typewritten form, double-spaced, and are not to exceed 2½ pages. When appropriate, we will solicit comments from the original authors. All Letters to the Editor are subject to editing and possible abridgment.

To the Editor:

I read with great interest the report entitled "Evaluation of atrophy production and vasoconstrictor potency in humans following intradermally injected corticosteroids" by Snyder and Greenberg (J Invest Dermatol 63:461-463, 1974). In their beautifully designed experiment the authors demonstrated well that the vasoconstrictor effects of different corticosteroids and these compounds' ability to produce cutaneous atrophy are not necessarily directly correlated. Since several investigators have reported a correlation between vasoconstrictor potency and anti-inflammatory activity of corticosteroids, this finding suggests the possibility that certain corticosteroids such as desonide may be clinically effective but might be less likely than fluorinated compounds to cause atrophy of treated skin.

In the discussion of their findings, the authors state that they "are aware of no direct comparison between triamcinolone acetonide and desonide for therapeutic efficacy." I would like to bring to their attention a paper read before the Section of Dermatology of the Southern Medical Association in November, 1971, at Miami Beach, on the other side of Biscayne Bay (Smith EB, Gregory JF, Bartruff JK: Desonide, a potent non-fluorinated topical steroid, vasoconstriction assay and clinical trial. South Med J 66:325-329, 1973). My coworkers and I compared the effect of desonide 0.05% cream with that of triamcinolone acetonide 0.1% cream in 84 patients with inflammatory dermatoses in a double-blind controlled study. Our results demonstrate no significant difference between the two preparations. Using a relatively crude variation of the McKenzie-Stoughton vasoconstriction assay, we found desonide 0.05% to be equivalent in vasoconstrictor potency to triamcinoline acetonide 0.1%, fluocinolone 0.025%, and flurandrenolone 0.05%.

Although final judgment on whether topical preparations of desonide will prove less likely to cause striae and atrophy must wait for more prolonged experience and observations, Snyder and Greenberg's work certainly suggests that this clinically effective non-fluorinated corticosteroid may be relatively free of these troublesome side effects.

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It must be emphasized that the study by Snyder and Greenberg dealt with changes following intradermal injection of several steroids. No data were reported which directly relate to topical application.

Editor